

Senator Fonfara, Representative Rowe and esteemed members of the Program Review and Investigations Committee,

My name is Kelley Moore and I am here to testify on the study concerning Access to Substance Use Treatment for Privately Insured Youth.

I serve as a Referral Coordinator for the Rushford Center in Meriden. However, first and foremost I am here testifying as a parent.

My personal story is simple and more common than one would think. After a few years of constant arguing with a defiant daughter and trying to convince ourselves that such behavior could be attributed to adolescence, my 17 year old tested positive for cocaine. A clinical assessment recommended residential care for at least 30 days, although warned us that after a 2 week period, our daughter would be reassessed to verify further coverage for a disease that so obviously had taken our entire family prisoner. We were numb and confused.

Committed to saving our daughters life, as any family would be, we did what was recommended and traveled out of state to a residential facility. Because this disease robs anyone of logical thinking, my daughter traded one addiction for another. After 2 weeks she no longer met criteria and was discharged from the substance abuse rehab facility and then admitted for treatment to a lock down facility in another out of state location for an eating disorder.

One week later, on her path to sobriety, my daughter was discharged from the eating disorder unit. She no longer met criteria and once again was admitted to the original rehab center for the final 2 weeks that would complete the original recommendation of a 30 day treatment program. Today my daughter celebrates more than 7 years sobriety and is a productive member of society while owning her own business.

The experience with our insurance company would not be so simple. We had a major Connecticut based insurance company as our insurance carrier. We believed that because we had been paying into insurance for years, that we would be taken care of. We learned that this could not be further from the truth and that insurance would hold us prisoner just as cocaine had.

Arriving to Upstate New York for an admission, we waited for countless hours for approvals for payment while our 17 year old child waited to be treated. \$5000 on our credit card would secure some of the initial portion of her treatment serving as our deductible. Constant evaluation and conversations on the phone with insurance representatives who had never met my daughter, would finally lead to another day or two or three of much needed treatment. My husband became the negotiator with the insurance company appealing every denial that came to us following yet another evaluation.

Two weeks later when my daughter was referred to the eating disorder lock down clinic previously mentioned, we would travel from CT to NY beginning at 8:00 am on a Thursday morning, returning to our home at 3:00 am the following day. Starving herself wasn't convincing enough for an insurance company. More hours of authorizations, pre-certifications and approvals

would give her seven more days to be able to learn better tools to direct her behavior, her life.

Discharge from the eating disorder clinic and admission back to the original treatment center would be yet another insurance hurdle as we had to beg for more medical coverage. In the mean time, family members offered us money to relieve the financial burden that was beginning to mount. We didn't want to miss a beat while waiting for authorizations, pre-certifications and approvals.

Overall this experience totaled over \$40,000 for a 5 week treatment journey that my daughter needed to endure to be able to be alive today. We calculated that in 5 weeks of treatment she had experienced over 20 years of therapy had she seen a therapist once a week for that amount of time. Hers is a success story.

Professionally, I have been a Referral Coordinator for Rushford which has given me the opportunity to speak with families who are seeking residential substance abuse treatment for their adolescents and are interested in using their insurance options. I have been told stories from parents about insurance denials due to a child not "failing" an Out Patient program first, before being approved for residential treatment. By the time a family has been able to face the unbelievable reality that their family is in need of such treatment, one would think that that alone, would have been failure enough to meet criteria in order to save a child, save a family. The fact that it would appear as though insurance becomes the driver of health care decisions, as oppose to the families who cannot escape the chaos, conflict, hurt and financial investment that drugs bring into a household, almost becomes obscene.

Where does a family with private insurance go for necessary treatment? Why, after working so hard to consistently pay and keep up with insurance premiums, do families have to beg the insurance company for coverage after they have supported for so long? In my daughter's experience, the medical assessment indicated the need for residential treatment. Why does the person on the other end of the phone have the right to deny coverage for a child that they have never met, have never lived with and may not have ever experienced such a devastating disease?

Please. Make this easier for families. Help to save the next generation. Do not allow insurance companies to dictate the treatment that your own families may need one day.

Thank you.

Kelley M. Moore